



Bib Data Sheet

CONFIRMATION NO. 2346

<b>SERIAL NUMBER</b> 10/673,882	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 3460-CH.0210
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**APPLICANTS**

Terri H. Finkel, Wynnewood, PA;  
 Nithianandan Selliah, Coatesville, PA;  
 Dennis C. DeSimone, Roanoke, VA;  
 Randall Q. Cron, West Grove, PA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/313,923 12/05/2002 which is a CON of 09/294,949 04/20/1999 ABN  
 which claims benefit of 60/082,453 04/20/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/16/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 75	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

**ADDRESS**

000110

**TITLE**

Methods and compositions for increasing CD4+T lymphocyte immune responsiveness

<b>FILING FEE RECEIVED</b> 977	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit